north shore senior center

www.nssc.org

161 Northfield Road, Northfield, Illinois 60093

Privacy Officer: Ana Pinshower, 847-784-6079, apinshower@nssc.org

Notice of Privacy Practices

Your Information Your Rights Our Responsibilities This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your protected health information (PHI), you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Right of access to inspect and copy information in your case record
 - You can ask to see or get an electronic or paper copy of information in your case record and other PHI we have about you. Ask us how to do this.
 - Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes.
 - We will provide a copy or a summary of your PHI, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your case record
 - You can ask us to correct PHI about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say "no" to your request, but we'll tell you why in writing within 60 days.
- Request confidential communications
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say "yes" to all reasonable requests.
- Ask us to limit what we use or share
 - You can ask us not to use or share certain PHI for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say "no" if it would affect your care.
 - If you pay for a service or health care item out-ofpocket in full, you can ask us not to share that

information for the purpose of payment or our operations with your health insurer.

- We will say "yes" unless a law requires us to share that information.
- Get a list of those with whom we've shared information
 - You can ask for a list (accounting) of the times we've shared your PHI for six years prior to the date you ask, who we shared it with, and why.
 - We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this privacy notice
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you
 - If you have given someone health care power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated
 - You can complain if you feel we have violated your rights by contacting us using the information on page 1.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting
 - www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.

Your Choices

For certain protected health information (PHI), you can tell us your choices about what we share. If you have a clear preference for how we share your PHI in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to
 - Share PHI with your family, close friends, or others involved in your care.
- In these cases we never share your PHI unless you give us written permission
 - Marketing purposes.
 - Sale of your PHI.
 - Most sharing of psychotherapy notes.
- In the case of fundraising
 - We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your protected health information (PHI)? We typically use or share your PHI in the following ways.

- Treat you
 - We can use your PHI and share it with other professionals who are treating you.
- Run our organization
 - We can use and share your PHI to run our organization, improve your care, and contact you
- when necessary, e.g., we use your PHI to manage your treatment and services.
- Bill for your services
 - We may use and disclose PHI so that we can receive payment for services provided to you.

How else can we use or share your protected health information (PHI)? We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your PHI for these purposes. For more information see: https://www.hhs.gov/hipaa/for-individuals/index.html. These situations include:

- Medical emergency
 - We may use or disclose your PHI in a medical emergency situation to prevent serious harm.
- Family Involvement in Care
 - We may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.
 - We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.
- Help with public health and safety issues
 - We can share your PHI for certain situations, such as
 - Preventing disease.
 - Reporting suspected abuse, neglect, or domestic violence.
 - Preventing or reducing a serious threat to anyone's health or safety.
- Do research
 - PHI may only be disclosed after a special approval process or with your authorization.
- Comply with the law
 - We will share your PHI if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Deceased clients
 - We can share your PHI with a coroner, medical examiner, or funeral director.

- We may disclose PHI regarding deceased clients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased clients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin.
- For law enforcement, and other government requests
 - We can use or share your PHI
 - For law enforcement purposes or with a law enforcement official.
 - With health oversight agencies for activities authorized by law and peer review organizations performing utilization and quality control.
 - For special government functions such as military, national security, and presidential protective services.
- Respond to lawsuits and legal actions
 - We can share your PHI in response to a court or administrative order, or in response to a subpoena.
- Illinois law and other Federal law also have certain requirements that govern the use or disclosure of your PHI. In order for us to release information about mental health treatment, your AIDS/HIV status, and alcohol or drug abuse treatment, you will be required to sign an authorization form, unless those laws allow us to make the specific type of use or disclosure without your authorization.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information: https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html.

This Notice of Privacy Practices applies to *North Shore Senior Center. The effective date of this notice is 2018-7-1.*Changes to the Terms of This Notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.